

state of Connecticut

TROOP / UN	T:A		OT	HER INVOLV	ED AGENCY:	NO x YES, I	anbury		
		STIGATING TROOPER / OFFICER: Cassavechia / Goguen			DPS CASE NUMBER: DPS05 059369				
	NCIDENT (STREET Saw Mill Rd. (NAME AN	D CITY/T	OWN ONLY):					
			1) 2011						
On the above Dat with Tpr. Cassav Cassavechia relea suspect assaulted	NCIDENT OR AFFII e and Time Tpr. Cassi echia while he was atto sed his assigned K-9 (the K-9 causing some ed. The suspect is bein	avechia stor empting to i Dakota) wh injury. The	dentify the o gave chas Suspect wa	male party. The s through the woo as detained and ar	on the W/B exit 1 ra uspect charged town ods onto the MTA to	ard the Trooper and acks. The K-9 was a	assaulted hi ttempting to	m. At this p	oint Tpr. suspect. The
VICTIM:(DO NO	T IDENTIFY ANY JU	VENILE B	Y NAME O	R ADDRESS - IF.	IUVENILE, WRITE "J	UVENILE" IN THE N	AME FIELD	& "AGE" IN I	OOB FIELD)
NAME / BUSINESS / AGENCY: M F			ADDRESS: (TOWN/CITY&STATE ONL)					ENILE:	INJURED
Tpr. Cassavechia			90 Lake Side Rd. Southbury					YES AGE:	YES x NO
NAME / BUSINESS / AGENCY: M F			ADDRESS: (TOWN/CITY&STATE ONLY				JUV	ENILE:	INJURED
K-D Dakota			90 Lake side Rd. Southbury Ct.					YES	YES
NAME / BUSINESS / AGENCY: M F			ADDRESS: (TOWN/CITY&STATE ONL)				1777	AGE: /ENILE:	NO INJURED
VAME / BUSINESS / AGENC. 1: M F			ADDRESS: (10WWCII1&STATE ONL)				30	YES .	YES
								AGE:	NO
ARRESTED: <i>(DO</i> NAME:	NOT IDENTIFY AN	Y JUVENIL.	E BY NAM	DOB:	ADDRESS:	E "JUVENILE" IN TH	E NAME FIEL	.D & "AGE" I	N DOB FIELD
Serrano, Ber	iamin	IVE	r	10/02/1977	110001	s St. Danbury	CT		
CHARGES:	Julili		COURT:	10/02/17/	BOND:	is bt. Danoury	CI.	INJURI	en.
	a police Officer.	X2	GA: 3		CASH	x SURETY	/	x YES	NO
2. Cruelty to Animals.					NON-SURETY WPTA			AMBULANCE:	
3. Reckless endangerment.			TOWN: Danbury		AMOUNT \$: 250,000.00 TO BE PRESENTED AT COURT			XYES NO HOSPITAL:	
4. Interfering		DATE: 11/05/05		TRANS TO DEPT OF CORRECTIONS @		IONS @:			
iAME: M				ADDRESS:					
CHARGES:			COURT:		BOND:	1 To		INJURED:	
5. Poss. of Marijuana			GA:		CASH SURETY WPTA			YES NO	
Reckless use of the highway by			TOWN:		AMOUNT S:			AMBULANCE: YES NO	
pedestrian.			10		TO BE PRESENTED AT COURT			HOSPITAL:	
			DATE:		TRANS TO DEPT OF CORRECTIONS):	
NAME:		M	F	DOB:	ADDRESS:				
CHARGES:			COURT:		BOND:			INJURI	2D+
		GA:		CASH SURETY			YES NO		
2.		TOWN:		NON-SURETY WPTA			AMBULANCE:		
				AMOUNT \$: TO BE PRESE	TO BE PRESENTED AT COURT			YES NO HOSPITAL:	
4.			DATE:		TRANS TO DEPT OF CORRECTIONS			@:	
NAME:		M	F	DOB:	ADDRESS:				
CHARGES:			COURT:		BOND:			INJURI	ED:
1.			GA:		CASH	SURETY		YES	NO
					NON-SURETY	WPTA		AMBUI	LANCE:
2.			TOWN:		AMOUNT S:			YES	NO

SUPERVISOR'S APPROVAL REQUIRED: INITIALS:

DATE:

ID #:___

TRANS TO DEPT OF CORRECTIONS @:

DATE: 12/3/05